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21707	7590	12/28/2006			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
IAN F. BURNS & ASSOCIATES P.O. BOX 71115					Cet I hereby certify that the States Postal Service addressed to the Mai transmitted to the USI	rtificate of Mailing or Tran nis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address TO (571) 273-2885, on the c	smission ag deposited with the United rst class mail in an envelope above, or being facsimile tate indicated below.
RENO, NEVAD						(Depositor's name)	
						(Signature)	
							(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED) INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,179	09/15/2003	Jerald C.). Seelig		619.489	1427
ITLE OF INVENTION:						ACC.CIP-Bingo Nig	
GAMING MACHINE WITH ACTION UNIT CONTAINER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	3/28/2007
EXAMINER		ART UNIT		CI	ASS-SUBCLASS]	
Layno, Benjamin		3711	3711 46		19000		
Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number Is required.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Luless an assignee is identified below, the document has been filled for reconstation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CTTY and STATE OR COUNTRY) Adantic City Coin & Stot Service Company, Inc. Pleasantville, NJ							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🔲 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed.							
				A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to leposit Account Number (enclose an extra copy of this form).			
5. Change in Entity Status	(from status indicated above		o o positi i i o o			(cholose all extra c	opy of this form).
	MALL ENTITY status. Sec		b. Applic	ant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature /ia	Date 3/23/2007						
Typed or printed name			Registration No. 33,297				
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